

PART XLV. CRIMINAL HISTORY CHECKS ON
NONLICENSED PERSONS AND LICENSED
AMBULANCE PERSONNEL

§1300.51. Definitions

For the purposes of this Part:

- (1) "Department" means the Department of Health and Hospitals.
- (2) "Employer" means any of the following facilities, agencies, or programs:
 - (a) A nursing home, as defined in R.S. 40:2009.2.
 - (b) An intermediate care facility for the mentally retarded.
 - (c) An adult residential care home, as defined in R.S. 40:2153.
 - (d) An adult day care center, as defined in R.S. 46:1972.
 - (e) A home health agency, as defined in R.S. 40:2009.31.
 - (f) A hospice, as defined in R.S. 40:2182.
 - (g) An ambulance service as defined in R.S. 40:1299.41(A)(16).
 - (h) A personal care attendant services agency, as defined in R.S. 46:2682.
 - (i) A respite care services agency, as defined in R.S. 46:2682.
 - (j) A supervised independent living program, as defined in R.S. 46:2682.
 - (k) A nonemergency, nonambulance medical transportation facility or entity.

(3) "Nonlicensed person" means any person who provides for compensation nursing care or other health-related services to residents in a nursing facility, intermediate care facility for the mentally retarded, adult residential care facility, or adult day care center, personal care attendant services agency, respite care services agency, or supervised independent living program and who is not a licensed health provider. "Nonlicensed person" also means any person who provides such services to individuals in their own homes as an employee or contract provider of a home health agency, hospice, personal care attendant services agency, respite care services agency, or supervised independent living program. "Nonlicensed person" also means any person employed as a driver by or who contracts as a driver with a nonemergency, nonambulance transportation facility or entity.

(4) "Office" means the office of state police within the Department of Public Safety and Corrections.

(5) "Licensed ambulance personnel" means personnel who provide for compensation or volunteer, services of care as a certified emergency medical service professional including certified emergency medical technician - basic, certified emergency medical technician - intermediate, certified emergency medical technician - paramedic, or certified first responder. Nothing herein shall pertain to any licensed ambulance personnel working for a nursing home, intermediate care facility for the mentally retarded, adult residential care home, adult day care center, home health agency, or hospice.

(6) "Authorized agency" means a private entity authorized by the office of state police to conduct the criminal history checks provided for in this Part. Nothing herein shall be construed as expanding the access to confidential law enforcement records of the state of Louisiana or its political subdivisions or authorizing access by said agency to the computerized records of law enforcement agencies.

Acts 1993, No. 594, §1, eff. August 15, 1994; Acts 1995, No. 917, §1, eff. June 28, 1995; Acts 1997, No. 753, §1; Acts 2004, No. 299, §1, eff. June 18, 2004; Acts 2004, No. 797, §1, eff. July 8, 2004.

§1300.52. Employment of nonlicensed persons and licensed ambulance personnel in certain locations; mandatory criminal history checks; temporary employment; notice to applicants

A.(1) Except as otherwise provided in Subsection C of this Section, prior to any employer making an offer to employ or to contract with a nonlicensed person or any licensed ambulance personnel to provide nursing care, health-related services, medic services or supportive assistance to any individual, the employer shall request a criminal history check be conducted on the nonlicensed person or any licensed ambulance personnel pursuant to the provisions of this Section. If the employer is a facility, home, or institution which is part of a larger complex of buildings, the requirement of a criminal history check shall apply only to an offer of employment or contract made to a nonlicensed person or any licensed ambulance personnel who will work primarily in the immediate boundaries of the facility, home, or institution.

(2) Except as otherwise specified in Paragraph D(1) of this Section, an employer may obtain the criminal history record maintained by the office of state police of a nonlicensed person or any licensed ambulance personnel offering to provide nursing care, health-related services, or supportive services to any individual.

B.(1) The employer shall request the office or authorized agency to conduct a criminal history check on the nonlicensed person or any licensed ambulance personnel and shall provide the office or authorized agency any relevant information required by the office or authorized agency to conduct the check.

(2) An employer or authorized agency shall pay a fee of twenty-six dollars to the office for a search of the office's criminal history files on an applicant for employment.

C.(1) An employer may make an offer of temporary employment to a nonlicensed person or any licensed ambulance personnel pending the results of the criminal history check on the person. In such instances, the employer shall provide to the office or authorized agency the name and relevant information relating to the person within seventy-two hours after the date the person accepts temporary employment.

(2)(a) Notwithstanding the provisions of Paragraph (1) of this Subsection, any nurse's aide offered temporary employment prior to the receipt of the results of the required criminal history check shall be under the direct supervision of a permanent employee or shall be in the presence of a member of the immediate family of the patient or of a care giver designated by the immediate family of the patient.

(b) As used in this Paragraph, "member of the immediate family" means a child, parent, grandparent, sibling, uncle, aunt, nephew, or niece of the patient, whether related by blood, marriage, or adoption.

D.(1) The office or authorized agency shall not provide to the employer the criminal history records of a person being investigated unless the records relate to:

(a) Any crime of violence as enumerated in R.S. 14:2(13) and those crimes defined in R.S. 14:34.7, R.S. 14:35, R.S. 14:36, R.S. 14:37.1, R.S. 14:37.4, R.S. 14:38, R.S. 14:41, R.S. 14:43.3, R.S. 14:43.5, R.S. 14:52 through R.S. 14:54.4, R.S. 14:55, R.S. 14:60 through R.S. 14:62.3, R.S. 14:64.3, R.S. 14:64.4, R.S. 14:67, R.S. 14:67.1 through R.S. 14:67.15, R.S. 14:74, R.S. 14:78, R.S. 14:79.1, R.S. 14:80 through 14:86, R.S. 14:89, R.S. 14:92, R.S. 14:93, R.S. 14:93.2.1, R.S. 14:93.3 through R.S. 14:93.5, R.S. 14:102.1, R.S. 14:106, R.S. 14:282, R.S. 14:286, and distribution or possession with the intent to distribute controlled dangerous substances as listed in Schedules I through V of the Uniform Controlled Dangerous Substances Act.

(b) An attempt or conspiracy to commit any of the offenses listed in Subparagraph (1)(a) of this Subsection.

(2) Within thirty days of receiving notification by the employer to conduct a criminal history check, the office or authorized agency shall complete the criminal history check and report the results of

the check to the requesting employer.

E. An employer shall inform each applicant for employment or each prospective contract provider that the employer is required to obtain a criminal history record before such employer makes an offer of employment to, or contracts with, a nonlicensed person or any licensed ambulance personnel.

Acts 1993, No. 594, §1, eff. August 15, 1994; Acts 1995, No. 917, §1, eff. June 28, 1995; Acts 1997, No. 544, §1; Acts 1997, No. 753, §1; Acts 1999, No. 827, §1; Acts 2001, No. 751, §1; Acts 2002, 1st Ex. Sess., No. 118, §2, eff. April 23, 2002; Acts 2003, No. 549, §1; Acts 2004, No. 662, §1.

§1300.53. Refusal to hire or contract; termination of employment; exemption; appeal procedure; waiver

A.(1) Except as otherwise provided in R.S. 40:1300.52(C), if the results of a criminal history check reveal that any licensed ambulance personnel or nonlicensed person has been convicted of any of the following offenses, the employer shall not hire or contract with such person:

(a) Any crime of violence as enumerated by R.S. 14:2(13), R.S. 14:34.7, R.S. 14:35, R.S. 14:36, R.S. 14:37.1, R.S. 14:37.4, R.S. 14:38, R.S. 14:41, R.S. 14:43.3, R.S. 14:43.5, R.S. 14:52 through R.S. 14:54.4, R.S. 14:64.3, R.S. 14:64.4, R.S. 14:78, R.S. 14:80 through R.S. 14:83.3, R.S. 14:86, R.S. 14:89, R.S. 14:93, R.S. 14:93.3 through 14:93.5, R.S. 14:102.1, R.S. 14:282, R.S. 14:286, or distribution or possession with the intent to distribute controlled dangerous substances as listed in Schedules I through V of the Uniform Controlled Dangerous Substances Act.

(b) An attempt or conspiracy to commit any of the offenses listed in Subparagraph (1)(a) of this Subsection.

(2) If the results of a criminal history check reveal that any licensed ambulance personnel or nonlicensed person has been convicted of any of the following offenses, the employer may refuse to hire or contract with such person:

(a) R.S. 14:55, R.S. 14:60 through R.S. 14:62.3, R.S. 14:74, R.S. 14:79.1, R.S. 14:83.4 through R.S. 14:85.1, R.S. 14:92, R.S. 14:93.2.1, or R.S. 14:106.

(b) An attempt or conspiracy to commit any of the offenses listed in Subparagraph (1)(a) of this Subsection.

B.(1) If the results of a criminal history check reveal that a nonlicensed person or any licensed ambulance personnel hired on a temporary basis or any other person who is an employee has been convicted of any of the offenses listed in Subsection A of this Section, the employer shall immediately terminate the person's employment.

(2) The provisions of this Subsection shall not apply to an employee or contract provider who has been employed for twenty-four months of the preceding thirty-six months, or a person who has received a pardon of the conviction.

C.(1) The employer may waive the provisions of this Part.

(2) A waiver may be granted for mitigating circumstances, which shall include but not be limited to:

(a) Age at which the crime was committed.

(b) Circumstances surrounding the crime.

(c) Length of time since the conviction.

(d) Criminal history since the conviction.

(e) Work history.

(f) Current employment references.

(g) Character references.

(h) Nurse aide registry records.

(i) Other evidence demonstrating the ability of the person to perform the employment responsibilities competently and that the person does not pose a threat to the health or safety of patients or clients.

(3) The granting of a waiver shall not be construed as creating an obligation upon an employer to offer permanent employment to such person.

Acts 1993, No. 594, §1, eff. August 15, 1994; Acts 1995, No. 917, §1, eff. June 28, 1995; Acts 1997, No. 544, §1; Acts 2001, No. 751, §1; Acts 2004, No. 662, §1.

§1300.54. Confidentiality of criminal history records

A. All criminal history records received by the employer shall be confidential and shall be restricted to the exclusive use of the department and the employer requesting the information.

B. Except by court order or with the written consent of the person being investigated, the records or information obtained from or regarding the records shall not be released or otherwise disclosed to any other person or agency.

C. The records shall be destroyed after one year from the termination of employment of the person to whom such records relate. However, upon receipt of written consent by an applicant for employment with a health provider, the employer in receipt of a criminal history check may send a copy to the employer seeking the referral.

Acts 1993, No. 594, §1, eff. August 15, 1994.

§1300.55. Compliance

The department shall review the employment files of any facility or agency required to obtain criminal history records to ensure such facilities are in compliance with the provisions of this Part.

Acts 1993, No. 594, §1, eff. August 15, 1994.

§441.404 Minimum protection requirements.

To be eligible to provide community supported living arrangements services to developmentally disabled individuals, a State must assure, through methods other than reliance on State licensure processes or the State quality assurance programs described under section 1930(d) of the Act, that:

- (a) Individuals receiving community supported living arrangements services are protected from neglect, physical and sexual abuse, and financial exploitation;
- (b) Providers of community supported living arrangements services—
 - (1) Do not use individuals who have been convicted of child or client abuse, neglect, or mistreatment, or of a felony involving physical harm to an individual; and
 - (2) Take all reasonable steps to determine whether applicants for employment by the provider have histories indicating involvement in child or client abuse, neglect, or mistreatment, or a criminal record involving physical harm to an individual;
- (c) Providers of community supported living arrangements services are not unjustly enriched as a result of abusive financial arrangements (such as owner lease-backs) with developmentally disabled clients; and
- (d) Providers of community supported living arrangements services, or the relatives of such providers, are not named beneficiaries of life insurance policies purchased by or on behalf of developmentally disabled clients.

NEW OPPORTUNITIES WAIVER SERVICES

SERVICES PROCEDURE CODES/RATES
Effective April 1, 2004

Handout 16

All new HIPAA standard procedure codes listed below will be effective for dates of service April 1, 2004 and thereafter. Providers must bill the procedure code that is appropriate for the date of service in which services were rendered.

Local Code (Effective 7/1/03-3/31/04)	MOD	HCBS Waiver Service Description	HIPAA Code (Effective 4/1/04)	MOD	HIPAA Service Description	Units
Z0637		Case Management	Z0637		Case Management	Monthly
Z0177		Case Management – High Risk	Z0177		Case Management	Monthly
S5136		Supervised Independent Living (SIL)	S5136		Companion Care	Day \$20.00
S5140		Substitute Family Care (SFC)	S5140		Foster Care, adult	Day \$20.00
S5160		PER	S5160		PER (Install & Test)	Initial installation \$30.00
S5161		PER	S5161		PER (Maintenance)	Monthly \$27.00
T1002		RN Services	T1002		RN Services	15 minutes \$6.13
T1002	U2	RN Services, 2 persons	T1002	UN	RN Services, 2 persons	15 minutes \$4.59
T1002	U3	RN Services, 3 persons	T1002	UP	RN Services 3 persons	15 minutes \$4.04
T1003		LPN/LVN Services	T1003		LPN/LVN Services	15 minutes \$6.13
T1003	U2	LPN/LVN Services, 2 persons	T1003	UN	LPN/LVN Services	15 minutes \$4.59
T1003	U3	LPN/LVN Services, 3 persons	T1003	UP	LPN/LVN Services	15 minutes \$4.03
Z0600		Individual & Family Support-Day	S5125	U1	Attendant Care Services	15 minutes \$3.50
Z0601		Individual & Family Support- Night	S5125	UJ	Attendant Care Services	15 minutes \$1.75
Z0602		Shared Support, 2 persons– day	S5125	U1 AND UN	Attendant Care Services	15 minutes \$2.63

NEW OPPORTUNITIES WAIVER SERVICES

SERVICES PROCEDURE CODES/RATES
Effective April 1, 2004

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Local Code (Effective 7/1/03-3/31/04)	MOD	HCBS Waiver Service Description	HIPAA Code (Effective 4/1/04)	MOD	HIPAA Service Description	Units
Z0603		Shared Support, 3 persons- day	S5125	U1 AND UP	Attendant Care Services	15 minutes \$2.33
Z0604		Transition Prof. Support Services (psychologist)	H2011	U7	Crisis Intervention Services	15 minutes \$18.75
Z0605		Trans. Support Services (RN)	H2011	TD	Crisis Intervention Services	15 minutes \$6.13
Z0606		Trans. Support Services (LPN)	H2011	TE	Crisis Intervention Services	15 minutes \$6.13
Z0607		Community Integration & Development	T2025		Waiver Services	15 minutes \$3.50
Z0608		Community Integration & Development, *2 persons	T2025	UN	Waiver Services	15 minutes \$2.00
Z0609		Professional Services- Psychologist	H2017	U7	Psychosocial Rehabilitation Services	15 minutes \$18.75
Z0610		Professional Services-RN	H2017	TD	Psychosocial Rehabilitation Services	15 minutes \$6.13
Z0611		Professional Services-LPN	H2017	TE	Psychosocial Rehabilitation Services	15 minutes \$6.13
Z0612		Professional Services- Social Worker	H2017	AJ	Psychosocial Rehabilitation Services	15 minutes \$9.38
Z0613		Professional Consultation- Psychologist	H2014	U7	Skilled Training and Development	15 minutes \$18.75
Z0614		Professional Consultation- Social Worker	H2014	AJ	Skilled Training and Development	15 minutes \$9.38
Z0615		Professional Consultation- RN	H2014	TD	Skilled Training and Development	15 minutes \$6.13
Z0616		Environmental Access. (ramp)	Z0616		Environmental Access. (Ramp)	\$4,000.00 per recipient; once the recipient reaches 90% or greater of the cap and the account has been dormant for 3 years, the recipient may access another \$4,000.00
Z0617		Environmental Access. (lift)	Z0617		Environmental Access. (Lift)	
Z0618		Environmental Access. (Bathroom)	Z0618		Environmental Access. (Bathroom)	
Z0620		Environmental Access. (Other)	Z0620		Environmental Access. (Other)	

NEW OPPORTUNITIES WAIVER SERVICES

SERVICES PROCEDURE CODES/RATES
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Local Code (Effective 7/1/03-3/31/04)	MOD	HCBS Waiver Service Description	HIPAA Code (Effective 4/1/04)	MOD	HIPAA Service Description	Units
Z0621		Medical Equip. & Supplies (lifts)	Z0621		Medical Equip. & Supplies (lifts)	\$4,000.00 per recipient; once the recipient reaches 90% or greater of the cap and the account has been dormant for 3 years, the recipient may access another \$4,000.00
Z0622		Medical Equip. & Supplies (switches)	Z0622		Medical Equip. & Supplies (switches)	
Z0623		Medical Equip. & Supplies (controls)	Z0623		Medical Equip. & Supplies (controls)	
Z0624		Medical Equip. & Supplies (other)	Z0624		Medical Equip. & Supplies (other)	
Z0625		Center-Based Respite	T1005	HQ	Respite Care	15 minutes \$2.87
Z0626		Supported Employ (one on one)	H2023		Supported Employment	15 minutes \$6.54
Z0627		Supported Employ (follow along)	H2026		Ongoing Support to Maintain Employment	Day \$50.00
Z0628		Supported Employ (Mobile crew)	H2025	TT	Ongoing Support to Maintain Employment	15 minutes \$2.00
Z0630		Supported Employ (Regular Transportation)	T2002		Non-Emergency Transportation	Day (Roundtrip) \$12.00
Z0631		Supported Employment (Transportation-wheelchair)	A0130		Non-Emergency Transportation (wheelchair)	Day (Roundtrip) \$20.00
Z0632		Employment Related Training	T2019		Habilitation, Supported Employment	15 minutes \$1.63
Z0633		Day Habilitation	T2021		Day Habilitation Waiver	15 minutes \$1.63
Z0634		Day Habilitation Regular Transportation	T2002	U6	Non-Emergency Transportation	Day (Roundtrip) \$12.00
Z0635		Day Habilitation Transportation - wheelchair	A0130	U6	Non-Emergency Transportation wheelchair	Day (Roundtrip) \$20.00
Z0636		One Time Transitional Service	T2038		Community Transition, Waiver	Lifetime \$3,000.00
Z0638		Shared Support (2P) – night	S5125	UN AND UJ	Attendant Care Services	15 minutes \$1.32
Z0639		Shared Support (3P) – night	S5125	UP AND UJ	Attendant Care Services	15 minutes \$1.17

NEW OPPORTUNITIES WAIVER SERVICES

SERVICES PROCEDURE CODES/RATES

Effective April 1, 2004

Handout 16

The specified modifier(s) is/are required for this HIPAA code.

Modifiers

Certain procedure codes will require a modifier (or modifiers) in order to distinguish services. The following modifiers are applicable to New Opportunities Waiver (NOW) providers:

AJ = Licensed Social Worker
HQ = Group Setting
TD = Registered Nurse (RN)
TE = Licensed Practical Nurse (LPN)
TT = Individual Service Provided to More than One Person
UJ = Night
U1 = Day
UN = 2 people
UP = 3 people
U6 = Day Habilitation
U7 = Psychologist

CHILDREN'S CHOICE WAIVER

SERVICES PROCEDURE CODES/RATES

Effective April 1, 2004

Handout 16

All new HIPAA standard procedure codes listed below will be effective for dates of service April 1, 2004 and thereafter. Providers must bill the procedure code that is appropriate for the date of service in which services were rendered.

Local Code (effective prior to 4/1/04)	HCBS Waiver Service Description	HIPAA Code (effective 4/1/04)	MOD	HIPAA Service Description	Units
9E001	Children's Choice Case Management	9E001		Children's Choice Case Management	Monthly \$125.00
9E002	Crisis Support	H2011		Crisis Intervention	15 minutes \$3.25
9E003	Family Support	S5125		Attendant Care Services	15 minutes \$3.25
9E004	Center Based Respite	T1005	HQ	Respite Care	15 minutes \$2.25
9E005	Family Training	S5111		Home Care Training-Family	Based on CPOC
9E006	Diapers	T2028		Specialized Supplies	
9E007	Ramp-Home	S5165	U4	Home Modifications	
9E008	Bathroom Modifications	S5165	U5	Home Modifications	
9E009	General Adaptations-Home	S5165		Home Modifications	
9E010	Vehicle Lifts	T2039		Vehicle Modifications	
9E013	Crisis Support – 2 Children	H2011	UN	Crisis Intervention	15 minutes \$2.44
9E014	Family Support – 2 Children	S5125	UN	Attendant Care Services	15 minutes \$2.44
9E016	Crisis Support/Center Based	H2011	HQ	Crisis Intervention	15 minutes \$2.44

The specified modifier is required for this HIPAA code.

Modifiers

Certain procedure codes will require a modifier in order to distinguish services. The following modifiers are applicable to Children's Choice Waiver providers:

HQ = Group Setting

UN = 2 people

U4 = ramp, U5=bathroom

ELDERLY AND DISABLED ADULT (EDA) WAIVER

Waiver Eligibility Segment Code 00257

SERVICES PROCEDURE CODES/RATES

Effective May 1, 2004

Handout 17

EDA rate increases with HIPAA standard procedure codes listed below will be effective for dates of service May 1, 2004 and thereafter. Providers must bill the procedure code that is appropriate for the date of service in which services were rendered.

Provider Type	Local Code	HCBS Waiver Service Description	HIPAA Code	MOD	HIPAA Service Description	Units
08	Z0178	Transition Intensive Case Management	Z0178		EDA High Risk Case Management	Monthly \$157.00
08	Z0195	EDA Case Management	Z0195		EDA Case Management	Monthly \$140.00
15	Z0060	Environmental Modification-Ramp	Z0060		Environmental Modification-Ramp	Lifetime cap – based on plan of care
15	Z0061	Environmental Modification-Lift	Z0061		Environmental Modification-Lift	
15	Z0062	Environmental Modification-Bathroom	Z0062		Environmental Modification-Bathroom	
15	Z0063	Environmental Modification-Adaptations	Z0063		Environmental Modification-Adaptations	
16	Z0058	Personal Emergency Response System (PERS)-Installation	Z0058		Personal Emergency Response Installation	Initial installation \$30.00
16	Z0059	Personal Emergency Response System (PERS)-Monthly Fee	Z0059		Personal Emergency Response System (PERS)-Monthly Fee	Monthly \$27.00
82	Z0070	Personal Care Attendant Services	S5125		Attendant Care Services (ACS)	15 minutes \$3.00
82	Z0071	Household Supports	S5130		Homemaker	15 minutes \$2.00
82	Z0072	Personal Supervision-Day	S5135	U1	Companion Care (Adult)	15 minutes \$2.00
82	Z0073	Personal Supervision-Night	S5135	UJ	Companion Care (Adult)	15 minutes \$1.50

The specified modifier is required for this HIPAA code.

Modifiers: Certain procedure codes will require a modifier in order to distinguish services.

The following modifiers are applicable to Elderly and Disabled Adult Waiver providers:

U1 = Day, UJ=Night

ADULT DAY HEALTH CARE

SERVICES PROCEDURE CODES/RATES

Effective April 1, 2004

Handout 17

All new HIPAA standard procedure codes listed below will be effective for dates of service April 1, 2004. Providers must bill the procedure code that is appropriate for the date of service in which services were rendered.

Local Code (Effective 7/1/03- 3/31/04)	MOD	HCBS Waiver Service Description	HIPAA Code (Effective 4/1/04)	MOD	HIPAA Service Description	Units
		Adult Day Health Care	932		Medical Rehabilitation Day Program- Sub.Category 2- Full Day	\$46.66- \$62.38

**SUPPORT COORDINATION AGENCIES
NOW, Children's Choice and EDA Waivers**

Handout 18

AGENCY	TELEPHONE	AGENCY	TELEPHONE
Cadence Of Acadiana Region 2	225/927-9383 225/927-0308 FAX	Medical Resources & Guidance Region 5	337/480-1118 337/480-1139 FAX
Cadence of Acadiana Region 3	985/447-5545 985/447-5541 FAX	Medical Resources & Guidance Region 6	318/561-7564 318/561-7565 FAX
Cadence of Acadiana Region 4	337/593-8899 337/593-0406 FAX	Northeast Louisiana Case Management Region 8	318/323-5528 318/323-7962 FAX
Cadence of Acadiana Region 5	337/474-9613 337/474-9503 FAX	People Unlimited Region 8	318/323-3236 318/323-3291 FAX
Caldwell COA Region 8	318/649-2584 318/649-5743 FAX	Quality Independent Svc. Coordinators Region 1	504/454-2615 504/454-0895 FAX
Community Resource Coordinators Region 2	225/935-0099 225/935-0098 FAX	Quality Independent Svc. Coordinators Region 3	985/447-7979 985/447-7911 FAX
Children's Hospital Ventilator Assisted Children's Program (VACP)	504/896-9228 504/896-9313 FAX	Quality Independent Svc. Coordinators Region 7	318/219-2514 318/219-8642 FAX
Crescent City Case Management * Region1	504/831-4495 504/284-6149 FAX	Quality Independent Svc. Coordinators Region 9	985/809-0400 985/781-0115 FAX
Directions of LA Region 6	318/640-4340 318/640-4160 FAX	Raintree Case Management, LLC Region 1	504/831-9101 504/831-9114 FAX
Easter Seals of LA Region 1	504/889-1987 504/889-2303 FAX	Raintree Case Management, LLC Region 9	985/370-4568 985/370-4569 FAX
Easter Seals of LA Region 3	985/449-1021 985/449-1372 FAX	Volunteers of America Region 2	225/387-0061 225/381-7963
Easter Seals of LA Region 6	318/641-1212 318/641-1012 FAX	Volunteers of America Region 4	337/234-5715 337/234-8657
Easter Seals of LA Region 7	318/221-8244 318/221-8726 FAX		
Easter Seals of LA Region 9	985/892-7604 985/892-5735 FAX		
Indo-AmeriSoft* Region 1	504/831-6715 504/828-6818 FAX		
Indo-AmeriSoft* Region 3	985/448-2489 504/828-6818 FAX		
Indo-AmeriSoft* Region 9	985/643-5380 985/643-5160 FAX		
Medical Resources & Guidance Region 4	337/363-4999 337/363-3702 FAX		

* EDA only



STATE OF LOUISIANA
DEPARTMENT OF HEALTH AND HOSPITALS



Handout 19

March 29, 2004

BCSS-P-04-003

MEMORANDUM

TO: All Medicaid Enrolled Home and Community Based Waiver Direct Service Provider Agencies

FROM: Delphine M. Jackson, Program Manager
Quality Management Section

RE: Critical Incident and Complaint Reporting

Effective immediately, all Medicaid enrolled Home and Community Based Waiver Direct Service Provider agencies are to begin reporting all critical incidents to the Bureau of Community Supports and Services following the attached policy and using the attached Critical Incident Report form (BCSS-PF-03-019).

Reporting of all critical incidents and complaints will follow the requirements set forth by BCSS and Louisiana Revised Statutes 14:403.2 and 40:2009.13 through 40:2009.21. These statutes are accessible on the Internet at <http://www.legis.state.la.us/tsrs/search.htm>.

Please let me know if you need any of the documents referenced in the policy forwarded to you via e-mail.

c: Regional Managers
Lynn Nicholson

**Critical Incident Reporting and Complaint Policy
DIRECT SERVICE PROVIDER AGENCY RESPONSIBILITIES**

I. Incident and Complaint Reporting

A. Critical incidents and complaints may be reported by the following:

1. "Any person who has knowledge that a state law, minimum standard, rule, regulation, plan of correction promulgated by the department, or any federal certification rule pertaining to a health care provider has been violated, or who otherwise has knowledge that a consumer has not been receiving care and treatment to which he is entitled under state or federal laws, may submit a report regarding such matter to the department. The report may be submitted to the department in writing, by fax, by telephone, or by a personal visit." (LA R.S. 40:2009.13)
2. "Any person having cause to believe that an adult's physical or mental health or welfare has been or may be further adversely affected by abuse, neglect, exploitation or extortion shall report to the adult protection agency or to law enforcement." (La. R.S. 14:403.2 D)
3. "Notwithstanding any claim of privileged communication, any mandatory reporter who has cause to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect or that abuse or neglect was a contributing factor in a child's death shall report in accordance with Article 610." (Children's Code Chapter 5, Article 610)

B. Reporting Protection

1. "Any person, other than the person alleged to be responsible for the violation, who in good faith submits a report pursuant to this Section shall have immunity from any civil liability that otherwise might be incurred or imposed because of such report. Such immunity shall extend to participation in any judicial proceeding resulting from the complaint." (La. R.S. 14:2009.13)
2. "Any person who in good faith makes a report, cooperates in any investigation arising as a result of such report, or participates in judicial proceedings authorized under the provisions of this Chapter, or any caseworker who in good faith conducts an investigation, makes an investigative judgment or disposition, or releases or uses information contained in the central registry for the purpose of protecting a child, shall

have immunity from civil or criminal liability that otherwise might be incurred or imposed.” (Children’s Code Chapter 5, Article 611)

3. An individual’s Medicaid Home and Community-Based Waiver services shall not be jeopardized or altered in any way as the result of filing a complaint.

C. **Penalties for not Reporting**

1. "Penalty for not Reporting" (La. R.S. 14:403.2 1-3-J(1)): Any person who knowingly and willfully fails to report as provided in Subsection C, shall be fined not more than five hundred dollars or imprisoned not more than six months, or both.
2. "Filing of False Report" (La. R.S. 14:403.2 1-3-J(1)): Any person who knowingly files a false report of abuse or neglect shall be fined not more than one thousand dollars, imprisoned with or without hard labor for not more than a year, or both.
3. “A.(1) Any person who, under Children’s Code Article 609(A), is required to report the abuse or neglect or sexual abuse of a child and knowingly and willfully fails to so report shall be guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.
4. “A.(3) Any person who reports a child as abused or neglected or sexually abused to the department or to any law enforcement agency, knowing that such information is false, shall be guilty of a misdemeanor and upon conviction shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.” (Children’s Code Chapter 5, Article 609(B))

II. Direct Service Provider Responsibilities

Incidents and complaints will be processed through external **and** internal procedures. External procedures will be initiated when the Medicaid contracted Case Management Agency or enrolled Direct Service Provider is notified that an incident has occurred or a complaint has been made. It will then be determined if the incident is critical or non-critical.

A. **Critical Incidents**

The Direct Service Provider agency representative or designee will determine if the incident is critical or non-critical. Direct Service Provider agencies shall follow all

licensing and agency policies related to handling incidents, critical or non-critical, and comply with the Health Insurance Portability and Accountability Act (HIPAA) on matters pertaining to confidentiality. The provider must complete an initial incident form for each incident.

However, when determined critical, the provider shall immediately ensure the health and welfare of the recipient and complete a BCSS Critical Incident Form (BCSS-PF-03-019). Direct Service Providers shall report critical incidents within **2 hours of first knowledge** of the incident to the following:

1. Any appropriate agency as required by law, i.e., Bureau of Protective Services, ages 18-59 years; Child Protective Services, ages birth-17 years; Elderly Protective Services, ages 60 years and older; and local law enforcement agencies when appropriate.

All critical incidents involving abuse, neglect, exploitation, extortion, and/or self-neglect of waiver recipients between the ages of 18 and 59 years, shall immediately be forwarded to the Bureau of Protective Services and copied to the BCSS State and Regional Offices.

2. Send the BCSS Critical Incident Form (BCSS-PF-03-019) to the BCSS State Office by fax (225-219-0201) **and** to the local BCSS Regional Office.

After regular business hours, a message regarding the critical incident shall be left on the voice mail system at 1-800-660-0488. The completed BCSS Critical Incident Form (BCSS-PF-03-019) shall be sent to the BCSS State Office by fax (225-219-0201) **and** to the local BCSS Regional Office on the next business day.

Note: This notification shall be completed even if the Case Management Agency indicates that notification has been made.

The Direct Service Provider agency will cooperate with the BCSS Regional Office by updating the Regional Office, on critical incidents, at 72 hours and/or anytime during and up to the 30th day from the date the incident occurred.

The Direct Service Provider is required to cooperate with outside agencies by providing relevant information and records and access to any staff. If an external agency, such as (BPS, EPS, OCS and/or law enforcement) has been notified and **is** investigating the situation, the Service Provider **may not** want to proceed to question the victim, the perpetrator, witnesses, etc. To continue may compromise the ability of an outside agency to conduct an effective investigation. This especially applies when someone other than a staff person is the alleged

perpetrator. However, this does not mean that the Direct Service Provider agency is not responsible for reporting what is known in accordance with any internal, enrollment, or licensing policies on incidents.

Internal investigation reports must include all pertinent information, e.g., What happened? Was the recipient harmed? Who was present? Who responded to the situation? Who was notified of the occurrence (including date and time)? When did the incident occur (including date and time)? How did the incident occur? Where did the incident occur? Who is the accused? Give names, addresses, phone numbers, and relationship to the Waiver recipient when possible. Whenever an internal investigation occurs, a final report of this investigation must include whether the incident was resolved, if interviews were conducted, when and how it was resolved, and what action was taken, e.g., staff suspensions, terminations, and/or re-training, if necessary. A final report shall be completed on the Critical Incident Narrative form and submitted to the BCSS State Office Help Line staff **and** the local BCSS Regional Office. Unresolved incidents will continue to be monitored internally until resolution is made.

Non-critical incidents shall be reported on the agency's applicable form. They must be reviewed and investigated internally by the Service Provider agency and documented in the agency incident log.

One copy of the incident report shall be kept in the recipient's file and one copy is also forwarded to the Case Management Agency.

B. Complaints

The Direct Service Provider agency will give each recipient the phone number of the BCSS Help/Complaint Line (1-800-660-0488) to call in complaints. Critical incidents do not have to be called in as complaints.

The Service Provider agency will first investigate to determine if the recipient's complaint can be resolved internally at the agency level. The direct care staff/manager/agency is responsible for working with the recipient on issues of complaints, concerns, or problems the recipient may be experiencing. This contact may be verbal or in writing. It is the responsibility of the Direct Service Provider agency and staff to assist each recipient in the resolution of complaints, concerns, or problems as applicable.

If the complaint cannot be resolved at the agency level, the provider agency will:

1. Call or assist the recipient in calling the BCSS Complaint Line at 1-800-660-0488.

2. Continue to assist the recipient, if necessary, at the agency level until resolution is made.
3. Submit a final report of the agency's investigation to the BCSS Complaint Line staff **and** to the BCSS Regional Office.

The Direct Service Provider agency will cooperate with the BCSS Regional Office by updating the Regional Office, regarding complaint information, anytime during and up to the 60th day from the date of knowledge of the complaint.

The Direct Service Provider is required to cooperate with outside agencies by providing relevant information and records and access to any staff. If an external agency such as BPS, EPS, OCS and/or law enforcement has been notified and **is** investigating the situation, the Service Provider **may not** want to proceed to question the victim, the perpetrator, witnesses, etc. To continue may compromise the ability of an outside agency to conduct an effective investigation. This especially applies when someone other than a staff person is the alleged perpetrator. However, this does not mean that the Direct Service Provider agency is not responsible for completing a report on what is known in accordance with any internal, enrollment, or licensing policies on complaints.

All complaints involving abuse, neglect, exploitation, extortion, and/or self-neglect of waiver recipients between the ages of 18 and 59 years, shall immediately be forwarded to the Bureau of Protective Services and copied to the BCSS State and Regional Offices.

Internal complaint investigation reports must include all pertinent information, e.g., What happened? Was the recipient harmed? Who was present? Who responded to the situation? Who was notified of the occurrence (including date and time)? When did the incident occur (including date and time)? How did the incident occur? Who is the accused? Give names, addresses, phone numbers, and relationship to the Waiver recipient when possible.

The final report must include whether the incident was resolved, if interviews were conducted, when and how it was resolved, and if action was taken, e.g., staff suspensions, terminations, and/or re-training, if necessary. A final report shall be submitted on the Complaint Narrative sheet to the BCSS State Office Help Line staff and the BCSS Regional Office. Unresolved complaints will continue to be monitored internally until resolution is made.

III. Definitions

A. Complaints

For the purpose of the Bureau of Community Supports and Services' complaint process, the words "complaint" and "grievance" will be used synonymously.

The following definitions will be used regarding the complaint process:

1. Abuse - the infliction of physical or mental injury on a recipient by other parties, including, but not limited to, such means as sexual abuse, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered. (La. R.S. 14:403.2)

Abuse – any one of the following acts which endanger the physical, mental or emotional health and safety of the child:

- a. The infliction, attempted infliction, or as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person.
 - b. The exploitation or overwork of a child by a parent or any other person.
 - c. The involvement of the child in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays, or any other involvement of a child in a sexual activity constituting a crime under the laws of this state. (Children's Code Article 601–606)
2. Adult – any person 60 years or older, any disabled person 18 years of age or older, or an emancipated minor.
 3. Allegation of noncompliance - an allegation that an event has occurred or is occurring that has the potential for causing no more than minimal harm to a recipient or recipients. (La. R.S. 40:2009.14)
 4. Child – a person under 18 years of age who, prior to juvenile proceedings, has not been judicially emancipated under Civil Code Article 385 or emancipated by marriage under Civil Code Articles 379 through 384 (Children's Code Article 601-606).

5. Complaint - an allegation that an event has occurred or is occurring and has the potential for causing more than minimal harm to a recipient or recipients. (La. R.S. 40:2009.14)

"An expression of dissatisfaction, pain, or resentment. A reason or cause for complaining: grievance. An illness, a law, a formal charge." (Webster's II Dictionary)

6. Caretaker - any person legally obligated to provide or secure adequate care for a child, including a parent, tutor, guardian, legal custodian, foster home parent, an employee of a public or private day care center, or other person providing a residence for the child. (Children's Code Article 601-606)
7. Disabled person - a person with a mental, physical, or developmental disability that substantially impairs the person's ability to provide adequately for his own care or protection.
8. Exploitation - the illegal or improper use or management of an aged person's or disabled adult's funds, assets or property, or the use of an aged person's or disabled adult's power of attorney or guardianship for one's own profit or advantage. (La. R.S. 14:403.2)
9. Extortion - the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (La. R.S. 14:403.2)
10. Grievance - "something considered to afford just cause for complaint or protest. A complaint of unfair treatment." (Webster's II Dictionary)
11. Neglect - the failure, by a care giver responsible for an adult's care or by other parties, to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (La. R.S. 14:403.2)

Neglect – the refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child's physical, mental, or emotional health and safety is substantially threatened or impaired. Consistent with Article 606(B), the inability of a parent or caretaker to provide for a child due to inadequate

financial resources shall not, for that reason alone, be considered neglect. Whenever, in lieu of medical care a child is being provided treatment in accordance with the tenets of a well-recognized religious method of healing which has a reasonable proven record of success, the child shall not, for that reason alone, be considered to be neglected or maltreated. However, nothing herein shall prohibit the court from ordering medical services for the child when there is substantial risk of harm to the child's health or welfare. (Children's Code Article 601–606)

12. Self-neglect - the failure, either by the adult's action or inaction, to provide the proper or necessary support or medical, surgical, or any other care necessary for his own well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be self-neglected. (La. R.S. 14:403.2)
13. Sexual abuse - any sexual activity between a recipient and staff without regard to consent or injury. Abuse includes any non-consensual sexual activity between a recipient and another person; or any sexual activity between a recipient and another recipient or any other person when the recipient lacks the capacity to give consent.
Sexual activity includes, but is not limited to: kissing, hugging, stroking, or fondling with sexual intent; oral sex or sexual intercourse; insertion of objects with sexual intent; request, suggestion, or encouragement by another person for the recipient to perform sex with any other person when recipient lacks the capacity to refuse.
14. Trivial report - a report of an allegation that an incident has occurred to a consumer or consumers that causes no physical or emotional harm and has no potential for causing harm to the recipient or recipients. (La. R.S. 40:2009.14)

B. Critical Incidents

Critical reports are those which allege the individual is abused, neglected, exploited, extorted, suffers from self-neglect, or has suffered serious harm or physical injury (explained and/or unexplained) which if untreated may result in permanent physical damage or death.

Other situations considered critical incidents include, but are not limited to: involvement with law enforcement agencies; serious illness requiring more than basic first aid; instances of unauthorized use of restraints; change in status requiring EMS response, an ER visit, and/or hospitalization/rehab facility or nursing home (for 30 days or less for treatment); missing or whereabouts unknown; and death of

recipient, regardless of cause.

Examples include, but are not limited to: head injuries; spinal injuries; severe cuts; broken limbs; severe burns; internal injuries; physical and sexual abuse where there is danger of repeated abuse; situations where medical treatment, medications (including over-the-counter medications) or nutrition necessary to sustain the individual are not obtained or administered; and unreasonable confinement or restraint, etc.

Source: §17121. Priorities for Case Response. Promulgated by the Department of Health and Hospitals. Office of the Secretary, Bureau of Protective Services LR 20: (April 1994); DHH Communications Policy (August 2001) and BCSS Administrative Policy (September 2001).

The following definitions will be used regarding the critical incident process:

1. Abuse - the infliction of physical or mental injury on a recipient by other parties, including, but not limited to, such means as sexual abuse, exploitation, or extortion of funds, or other things of value, to such an extent that his health, self-determination, or emotional well-being is endangered. (La. R.S. 14:403.2)
2. Adult – any person 60 years or older, any disabled person 18 years of age or older, or an emancipated minor. (La. R.S. 14:403.2)
3. Child – a person under 18 years of age who, prior to juvenile proceedings, has not been judicially emancipated under Civil Code Article 385 or emancipated by marriage under Civil Code Articles 379 through 384 (Children’s Code Article 601-606).
4. Critical incident - “an incident that, when it occurs, has an adverse action or forms a crisis.” (Webster’s II Dictionary)
5. Disabled person - a person with a mental, physical, or developmental disability that substantially impairs the person's ability to provide adequately for his own care or protection. (La. R.S. 14:403.2)
6. Exploitation - the illegal or improper use or management of an aged person's or disabled adult's funds, assets or property, or the use of an aged person’s or disabled adult's power of attorney or guardianship for one's own profit or advantage. (La. R.S. 14:403.2)
7. Extortion - the acquisition of a thing of value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority. (La. R.S. 14:403.2)

8. Incident - “a usual minor event or occurrence; an event that disrupts normal procedure or causes a crisis.” (Webster’s II Dictionary)
9. Minimal harm - an incident that causes no serious temporary or permanent physical or emotional damage and does not materially interfere with the recipient's activities of daily living. (La. R.S. 40:2009.14)
10. Neglect - the failure, by a caregiver responsible for an adult's care or by other parties, to provide the proper or necessary support or medical, surgical, or any other care necessary for his well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be neglected or abused. (La. R.S. 14:403.2)

Neglect – the refusal or unreasonable failure of a parent or caretaker to supply the child with necessary food, clothing, shelter, care, treatment, or counseling for any injury, illness, or condition of the child, as a result of which the child’s physical, mental, or emotional health and safety is substantially threatened or impaired. Consistent with Article 606(B), the inability of a parent or caretaker to provide for a child due to inadequate financial resources shall not, for that reason alone, be considered neglect. Whenever in lieu of medical care a child is being provided treatment in accordance with the tenets of a well-recognized religious method of healing which has a reasonable proven record of success, the child shall not, for that reason alone, be considered to be neglected or maltreated. However, nothing herein shall prohibit the court from ordering medical services for the child when there is substantial risk of harm to the child’s health or welfare. (Children’s Code Article 601–606)

11. Self-neglect- the failure, either by the adult's action or inaction, to provide the proper or necessary support or medical, surgical, or any other care necessary for his own well-being. No adult who is being provided treatment in accordance with a recognized religious method of healing in lieu of medical treatment shall for that reason alone be considered to be self-neglected. (La. R.S. 14:403.2)
12. Sexual abuse - any sexual activity between a recipient and staff without regard to consent or injury. Abuse includes any non-consensual sexual activity between a recipient and another person, or any sexual activity between a recipient and another recipient or any other person when the recipient lacks the capacity to give consent.

Sexual activity includes, but is not limited to: kissing, hugging, stroking, or

fondling with sexual intent; oral sex or sexual intercourse; insertion of objects with sexual intent; request, suggestion, or encouragement by another person for the recipient to perform sex with any other person when recipient lacks the capacity to refuse.

C. Non-Critical Incidents

Non-critical incidents include those incidents that occur but are not a crisis or critical situation and do not cause long-term physical or mental concerns, and/or are trivial in terms of severity.

Non-critical incidents may include, but are not limited to, incidents that **do not** require a doctor's visit, emergency room visit or admission to a hospital nursing home, or ICF/MR. Admissions to a hospital for routine or planned visits (frequent shunt repair, surgery, dental work, lab work, chemotherapy treatments) are also Non-Critical Incidents.

Other examples of non-critical incidents may include, but are not limited to, the following: scraping of hands, knees, elbows, etc., from tripping or falling; picking at toenails, fingernails, or skin; calling someone names; pricks or minor unintentional cuts with kitchen utensils during normal use; paper cuts; bleeding of tooth or gums due to dental concerns; a move out of state, a voluntary admission to a nursing home, ICF/MR; insect bites, etc.

The following definitions will be used regarding non-critical incidents:

1. Incident - "a usual minor event or occurrence; an event that disrupts normal procedure or causes a crisis." (Webster's II Dictionary)
2. Minimal harm - an incident that causes no serious temporary or permanent physical or emotional damage and does not materially interfere with the recipient's activities of daily living. (La. R.S. 40:2009.14)
3. Non-critical incident - an incident that, when it occurs, may only cause minimal harm.

TAKEN AS ISOLATED INCIDENTS, THIS INCIDENT WILL BE CONSIDERED MINOR. HOWEVER, IF THE INCIDENT IS ONGOING, REPETITIVE, OR CONSISTENT, THE INCIDENT MAY CONSTITUTE OR QUALIFY AS A CRITICAL INCIDENT.
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Department of Health and Hospitals BCSS Critical Incident Report

Handout 20

<input type="checkbox"/> Initial Notification (within 2 hours of notification) <i>Initiated by the CM or Provider Agency</i>	<input type="checkbox"/> Preliminary Report (within 72 hours of notification) <i>Completed by BCSS RO</i>	<input type="checkbox"/> Final Report (within 30 days) <i>Completed by BCSS RO</i>
PARTICIPANT IDENTIFYING INFORMATION:		
Name:		DOB:
SSN	Medicaid #	
Participant's Address:		
Waiver Type: <input type="checkbox"/> NOW <input type="checkbox"/> MR/DD <input type="checkbox"/> EDA <input type="checkbox"/> PCA <input type="checkbox"/> ADHC <input type="checkbox"/> CC		Institutional Transition: <input type="checkbox"/> Yes <input type="checkbox"/> No
History of Health Concerns: <input type="checkbox"/> Yes <input type="checkbox"/> No	History of Abuse/Neglect: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Family/Legal Guardian:		Phone #
Family/Guardian's Address:		
CLASSIFICATION OF INCIDENT:		
Abuse: <input type="checkbox"/> physical <input type="checkbox"/> emotional <input type="checkbox"/> sexual <input type="checkbox"/> Neglect <input type="checkbox"/> Exploitation <input type="checkbox"/> Extortion <input type="checkbox"/> Illness <input type="checkbox"/> Death <i>Check the Type of Abuse</i> <input type="checkbox"/> (Self-Neglect)		
<input type="checkbox"/> Physical Injury (requiring more than First Aid up to emergency hospitalization)		<input type="checkbox"/> Unauthorized Use of Restraints
<input type="checkbox"/> Sensitive Situation:		
<input type="checkbox"/> Missing/Whereabouts Unknown	<input type="checkbox"/> Other:	
INCIDENT INFORMATION:		
Parish in which the incident occurred:		
Place of Occurrence:	Date:	Time:
Names of Individuals with Participant at Time of Incident <i>(include relationship)</i> :		
Initial Notification: <input type="checkbox"/> BPS – Date/Time: / <input type="checkbox"/> OCS <input type="checkbox"/> EPS <input type="checkbox"/> Legal Systems <input type="checkbox"/> Other (Specify at right)		
If hospitalized <i>(emergency room or admission)</i> , name of attending physician:		
Hospital Name/Address:		
CASE MANAGEMENT AGENCY:		
Case Manager Name:		Phone #:
DIRECT SERVICE PROVIDER AGENCY:		
Contact Person:		Phone #:
Report Completed by:	Ph#:	Date:
		Region:

BCSS Critical Incident Report – Narrative

PARTICIPANT NAME:	
SSN	MEDICAID #

CURRENT SITUATION: The narrative should include the following: Why the incident occurred? Who witnessed the incident? What was done for the participant? First Aid? Was the participant admitted to a hospital, rehab, or nursing home? Include the name of the physician, hospital or nursing home (submit a copy of the admission and/or discharge summaries and instructions). Include the prognosis if known.

<p>Attach BCSS-PF-03-019 Narrative Supplemental Form to continue Narrative. Each additional page must be signed and dated.</p> <p style="text-align: center;">[Narrative must show resolution prior to being closed]</p>			
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Plan of Correction Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Tentative Date PoC Due to RO:	
Report Completed by:	Ph#	Date:	Region:

DEPARTMENT OF HEALTH AND HOSPITALS
BCSS CRITICAL INCIDENT REPORT

Handout 20

"BODY CHART"

Type of Injury

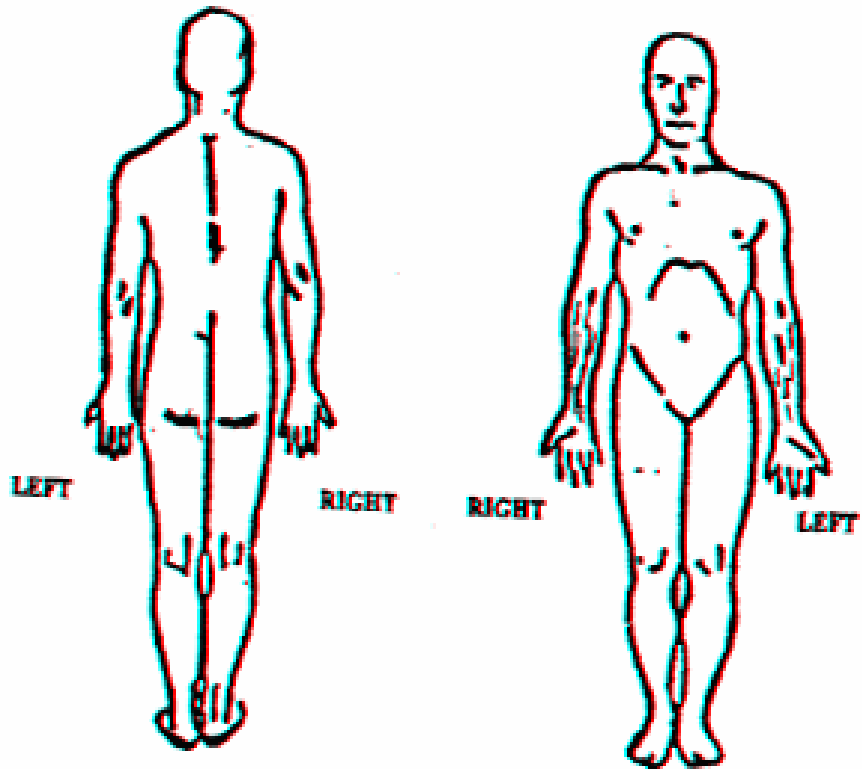
- ☐ Scratch
- ☐ Laceration
- ☐ Bite
- ☐ Swelling
- ☐ Other:

Body Part Injured

- ☐ Head/Face
- ☐ Mouth/Teeth
- ☐ Feet/Legs
- ☐ Neck
- ☐ Abdomen
- ☐ Back/Buttocks
- ☐ Genitals
- ☐ Chest

Degree of Injury

- ☐ Very Severe
- ☐ Severe
- ☐ Moderate
- ☐ Mild
- ☐ Trivial



ISSUE	TRIGGERS in Identifying Jeopardy	DEFINITIONS:
Physical Abuse	<ol style="list-style-type: none"> 1. Serious injuries such as head trauma or fractures; 2. Unexplained injuries that have not been reported or investigated; 3. Staff found to be handling the individual roughly or striking the individual; 4. Suspicious injuries; (e.g., black eyes, rope marks, cigarette burns, bruises) 	<p>Immediate Jeopardy:</p> <p>A Crisis Situation, either psychological or physical, in which the health and safety of individuals are at risk for serious injury, harm, impairment, or death. Components of Immediate Jeopardy include the potential for harm and the need to act to prevent harm.</p> <p>Abuse:</p> <p>The infliction of physical or mental injury on a recipient by other parties, including, but not limited to such means as sexual abuse, exploitation, or extortion of funds, or other things to such an extent that the individual's health, self-determination, or emotional well-being is endangered.</p> <p>Neglect:</p> <p>The failure, by a care giver responsible for an individual's care or by other parties, to provide the proper or necessary support or medical, surgical, or any other care necessary for his /her well-being.</p> <p>Sexual Abuse:</p> <p>Abuse includes any non-consensual sexual activity between a recipient and another person; or any sexual activity between a recipient and another recipient or any other person in which the recipient is not competent to give consent. Sexual activity includes, but is not limited to kissing, hugging, stroking, or fondling with sexual intent; oral sex or sexual intercourse; insertion of objects with sexual intent, request, suggestion, or encouragement by another person for the recipient to perform sex with any person when the recipient is not competent to refuse.</p>
Sexual Abuse	<ol style="list-style-type: none"> 1. Non-consensual sexual interactions (e.g., sexual harassment, sexual coercion or sexual assault); 2. Presence of bruises around the breast or genital area. 	
Neglect	<ol style="list-style-type: none"> 1. Lack of timely assessment after injury; 2. Lack of supervision for individuals known to need supervision per Care Plan; 3. Failure to carry out doctor's orders; 4. Repeated occurrences of incidents which place the individual at risk of harm without intervention; 5. Access to chemical and physical hazards by individuals at risk; 6. Lack of supervision for cognitively impaired individuals at risk for elopement; 7. Failure to monitor cognitively impaired individuals at risk for hot water burns; 8. Failure to monitor individuals with known self-injurious behavior; 9. Failure to seek medical consultation for individuals seriously ill or with high potential for medical complications; 10. Use of chemical/physical restraints without adequate monitoring. 11. Improper feeding/positioning of individual with known aspiration risk; or 12. Inadequate supervision to prevent physical altercations 	

ISSUE	TRIGGERS in Identifying Jeopardy	DEFINITIONS:
Failure to protect from psychological harm	<ol style="list-style-type: none"> 1. Application of chemical/physical restraints without clinical indications, MD orders and Care Planning, Presence of behaviors by staff such as threatening or demeaning, resulting in displays of fear, unwillingness to communicate, and recent or sudden changes in behavior by individual; 2. Lack of intervention to prevent individuals from creating an environment of fear 	<p>Exploitation: The illegal or improper use or management of the aged or disabled individual's funds, assets or property, or the use of the individual's power of attorney or guardian for one's own profit or advantage.</p> <p>Extortion: The acquisition of a thing or value from an unwilling or reluctant adult by physical force, intimidation, or abuse of legal or official authority.</p>
Failure to protect from undue adverse medication consequences and/or failure to provide medications as prescribed.	<ol style="list-style-type: none"> 1. Administration of medication to an individual with a known history of allergic reaction to the medication; 2. Lack of monitoring and identification of potential serious drug interaction, side effects, and adverse reactions; 3. Administration of contraindicated medications; 4. Pattern of repeated medication errors; or 5. Lack of diabetic monitoring resulting or likely to result in serious hypoglycemia or hyperglycemic reaction. 	<p>Immediate Jeopardy Procedures:</p> <ol style="list-style-type: none"> 1. Immediate Jeopardy situations shall be handled immediately, and reported to the appropriate state agencies according to state mandatory reporting laws. 2. The notification shall include the anticipated action, that the action will take place within 48 hours unless an emergency situation exists, the names of the personnel assisting the individual and/or family through the process, and the preparation of a Critical Incident Report for BCSS. 4. When abuse, neglect or failure to protect an individual receiving waiver services is identified by anyone providing services or support to waiver recipients, there shall be immediate action to prevent harm or death and mandatory reporting as required by State Mandatory Reporting Laws. <p>The primary goals of a response to a Immediate Jeopardy Situation is to identify and prevent serious injury or death and to initiate rapid action to prevent harm or death.</p>
Failure to ensure adequate nutrition and hydration to support and to maintain health	<ol style="list-style-type: none"> 1. Food supply inadequate to meet the nutritional needs of the individual; 2. Failure to provide adequate nutrition and hydration resulting in malnutrition; e.g., severe weight loss, abnormal laboratory values; 3. Withholding nutrition or hydration without advance directive and MD order. 4. Lack of potable water supply; 	
Failure to practice standard precautions to protect from infection.	<ol style="list-style-type: none"> 1. Failure to ensure proper environmental sanitation and personal hygiene for the individual. 	
Failure to plan for medical emergencies for individuals with known high risk medical conditions.	<ol style="list-style-type: none"> 1. Individuals with fragile medical conditions without emergency plans for transportation or other means for getting emergency medical care. 	

Louisiana State Police Authorized Background Check Agency

Medical Systems

Attn: Ernest Freeman, III
8369 Florida Boulevard, Suite 6
Denham Springs, Louisiana 70726
(225) 791-1700

Southern Research

Attn: Roy R. Schultz or Tom Ostendorff
2850 Centenary Boulevard
Shreveport, Louisiana 71104
(318) 227-9700

ACCU Screen Systems Childers

Attn: Larry Bruce or
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